

A FOCUS PERSON'S PREFERENCE FOR FAMILY LIFE

Complete the following with your preferences for family life, ask for help if you need it.

I want to live	<input type="checkbox"/> With <input type="checkbox"/> Very close to <input type="checkbox"/> Near to <input type="checkbox"/> Far from	My family.
I want to talk to my family by phone	<input type="checkbox"/> Every day <input type="checkbox"/> Several times a week <input type="checkbox"/> Once in a while	
I want to visit with my family	<input type="checkbox"/> Every day <input type="checkbox"/> Several times a week <input type="checkbox"/> Once in a while	

Who in my family I want to see or hear from a lot:

- a.
- b.
- c.

Who in my family I want to see or hear from a at least some of the time:

- a.
- b.
- c.

Who in my family I don't want to see or hear from at all:

- a.
 - b.
 - c.
-

What I want to do with my family:

- a. Recreation:
 - b. Family Events:
 - c. Celebrate Birthdays:
 - d. Celebrate Holidays:
 - e. Other:
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When I want help, advice or assistance from my family, they will know because:
